

STATE MS. - DESOTO CO.
FILED

JUN 18 4 22 PM '01

BK 394 PG 304
W.F. DAVIS JR. CLK.

BILLY J. GREENSLADE
GRANTOR(S)

TO

DANA LYNN GREENSLADE
GRANTEE(S)

QUITCLAIM DEED

For and in consideration of the sum of Ten Dollars (\$10.00) cash in hand paid and other good and valuable considerations, the receipt and sufficiency of all of which is hereby acknowledged, BILLY J. GREENSLADE, does hereby grant, bargain, sell, convey and quitclaim unto DANA LYNN GREENSLADE, the following described property situated in the County of DeSoto, State of Mississippi, together with all improvements and appurtenances thereon more particularly described as follows:

Lot 11, Section A, Primrose Estates Subdivision, in Section 36, Township 1 South, Range 9 West, DeSoto County, Mississippi, as per Plat thereof recorded in Plat Book 18, Pages 22-23, in the Office of the Chancery Clerk of DeSoto County, Mississippi.

By way of explanation, Shirley A. Greenslade passed away on December 10, 2000.

The warranty in this deed is subject to subdivision and zoning regulations in effect in DeSoto County, rights of ways and easements for public roads and public utilities and restrictive covenants and easements of record.

Possession is to be given with delivery of deed.

WITNESS MY SIGNATURE this the 15th day of June, 2001.

Billy J. Greenslade
Billy J. Greenslade

STATE OF MISSISSIPPI
COUNTY OF DESOTO

PERSONALLY appeared before me, the undersigned authority in and for the said county and state, on this the 15th day of June, 2001, within my jurisdiction, the within named BILLY J. GREENSLADE, who acknowledged that he executed the above foregoing instrument.


Notary Public

My Commission Expires:
June 21, 2003

NO TITLE WORK WAS REQUESTED FOR THIS TRANSACTION.

GRANTOR'S ADDRESS:
6254 Primrose Lane
Walls, MS 38680

Work #: N/A
Home #: 662-781-3216

GRANTEE'S ADDRESS:
6254 Primrose Lane
Walls, MS 38680

Work #: N/A
Home #: 662-521-7200

This Instrument Prepared By:
Eric L. Sappenfield
6858 Swinnea Rd., #5 Rutland Place
Southaven, MS 38671
662/349-3436

8882qc

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

BK0394PG0306

TYPE OR PRINT WITH BLACK INK		FILING DATE JAN 16 2001		CERTIFICATE OF DEATH STATE OF MISSISSIPPI		STATE FILE NUMBER 123-	
DECEASED If death occurred in an institution, see HANDBOOK, regarding completion of RESIDENCE items For RESIDENCE items, enter actual location of home rather than mailing address		1. NAME First Middle Last Shirley A. Greenslade		2. SEX Female		3a. HOUR OF DEATH 4:25P m.	
		3b. DATE OF DEATH (Month, Day, Year) December 10, 2000		4. RACE (Specify White, Black, American Indian, etc.) White		5a. AGE AT LAST BIRTHDAY 62 Years	
		5b. MOS 62		5c. DAYS 62		5d. HOURS 62	
		5e. MINS 62		6. DATE OF BIRTH (Month, Day, Year) July 21, 1938		7a. COUNTY OF DEATH DeSoto	
		7b. CITY OR TOWN OF DEATH Walls		7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location) 6254 Primrose Lane		7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM. OR DOA N/A	
8. STATE OF BIRTH Tennessee		9. DECEDENT'S EDUCATION (Specify only highest grade completed) Elem/High School College 12 (1-4, 5+)		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Bill Greenslade	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) No		13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) American		14. SOCIAL SECURITY NUMBER		15a. USUAL OCCUPATION (Kind of work done most of working life) Control Agent	
15b. KIND OF BUSINESS OR INDUSTRY Federal Express		16a. RESIDENCE—STATE Mississippi		16b. COUNTY DeSoto		16c. CITY OR TOWN Walls	
16d. INSIDE CITY LIMITS (Specify Yes or No) Yes		16e. STREET AND NUMBER OR RURAL LOCATION 6254 Primrose Lane		17. FATHER—NAME First Middle Last William Buey Sullins		18. MOTHER—NAME First Middle Maiden Christine Bernice James	
INFORMANT		19a. INFORMANT—NAME (Type or print) Bill Greenslade		19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 6254 Primrose Lane Walls, MS 38680			
DISPOSITION		20a. BURIAL, CREMATION, REMOVAL (Specify) Burial		20b. CEMETERY, CREMATORY—NAME Hinds Chapel Cemetery		20c. LOCATION (City and State) Lake Cormorant, MS	
20d. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER Twin Oaks Funeral Home 17T		20e. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 290 Goodman Road East Southaven, MS 38671		21a. EMBALMER—SIGNATURE AND NUMBER <i>[Signature]</i> FS-887			
PRONOUNCEMENT		22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print) Jeffery Pounders, CMEI		22b. PRONOUNCED DEAD (Month, Day, Year) ON 12/10/2000		22c. PRONOUNCED DEAD (Hour) AT 6:00P m	
CERTIFIER		23a. CERTIFIER—NAME (Type or print) Jeffery Pounders		23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 4942 Pounders Road Nesbit, MS 38651			
Mississippi State Board of Health Form No. 511 Revised 1-1-89		24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE <i>[Signature]</i> MD		24b. DATE SIGNED (Month, Day, Year)		24c. STATE LICENSE NUMBER	
24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)		24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE <i>[Signature]</i>		24f. TITLE DeSoto CMEI		24g. DATE SIGNED (Month, Day, Year) 12/18/2000	
CAUSE OF DEATH		25. PART I. IMMEDIATE CAUSE (Enter one cause only): (a) Cancer Of Lungs & Brain DUE TO OR AS A CONSEQUENCE OF (Enter one cause only): (b) DUE TO OR AS A CONSEQUENCE OF (Enter one cause only): (c)		Interval between onset and death		Interval between onset and death	
Conditions, if any, which gave rise to immediate cause stating the underlying cause last		26. PART II. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in PART I		27. AUTOPSY (Yes or No) No		28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) YES	
Had Decedent been Pregnant Within 90 Days Prior to Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)		29b. DATE OF INJURY (Month, Day, Year)		29c. HOUR OF INJURY m.	
29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED		29e. INJURY AT WORK (Yes or No)		29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)		29g. LOCATION Street or route number City or town State	

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

F. E. Thompson Jr. M.D.
F. E. Thompson, Jr., M.D., M.P.H.
STATE HEALTH OFFICER

Nita Cox Gunter
Nita Cox Gunter
STATE REGISTRAR

JAN 16 2001

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